

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Yoshio IWASAKI et al.
Serial No: 10/750,543
Filed: December 31, 2003
For: DISPLAY STRIP



Art Unit: 3727
Examiner: Nasser Ahmad

Handwritten signature/initials

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
October 6, 2005
Date of Deposit
Olga Berson, Reg. No. 55,001
Name
Olga Berson
Signature
10/06/05
Date

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of [COUNTRY] Patent Application No. [APPL'N#] filed [FILING DATE] from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	28	-	43**	0	LG=\$50 SM=\$25	\$(FEE)	\$ 0
INDEPENDENT CLAIMS FEE	6	-	2***	4	LG=\$200 SM=\$100	\$200	\$ 800
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$(FEE)
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$(FEE)
TOTAL							\$ 800

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

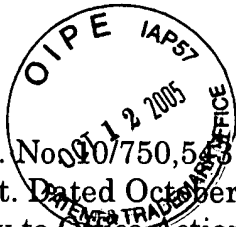
- ☒ The Commissioner is hereby authorized to charge \$800 for additional independent claims fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: *Olga Berson*
Olga Berson, Ph.D.
Registration No. 55,001
Attorney for Applicant(s)

Date: October 6, 2005

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Los Angeles, California 90067
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Appl. No. 10/750,543
Amdt. Dated October 6, 2005
Reply to Office Action of July 14, 2005

Attorney Docket No. 89285.0004
Customer No.: 26021

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In response to the Office Action dated July 14, 2005, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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